

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg 1 of 2*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005279

1. Corporation Name

HICKORY CREEK OF TITUSVILLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~104 JULIA STREET~~
TITUSVILLE FL 32796

~~104 JULIA STREET~~
TITUSVILLE FL 32796

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106 Julia Street
City & State
Titusville, Florida

106 Julia Street
City & State
Titusville, Florida

5. FEI Number

30-0131877

Applied For

Not Applicable

Zip Country

Zip Country

32796

32796

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ARNOFF, WILLIAM	104 JULIA STREET <i>106 Julia Street</i>	TITUSVILLE FL 32796
SVD	RHOADES, JENNIFER W	4224 PADDINGTON STREET	COCOA FL 32926
VTD	RHOADES, LARRY F	4225 PADDINGTON STREET	COCOA FL 32926

04/16/03 90474 001 \$292.50
\$ 61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARNOFF, WILLIAM

~~104 JULIA STREET~~

TITUSVILLE FL 32796

106 Julia Street

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03
Date

321-383-9822
Daytime Phone #

CP2ED040 (7/03)

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November 12, 2003

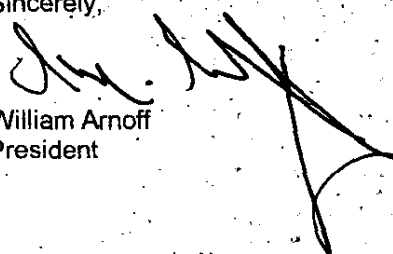
Hidden Oaks Of Titusville Homeowner's Association, Inc.
106 Julia Street
Titusville, FL 32976

RE: UBR Notices

To whom it may concern,

We did not receive the two prior uniform business report notices.
Thank you, for your attention to this matter.

Sincerely,


William Arnoff
President